GRANT ANALYSIS FORM
OPERATING & CAPITAL GRANT PROJECT/PROGRAMS

Department/Division: Health

Contact Person & Phone No: Paul Biedrzycki, # 5758

Category of Request

Γ   **New Grant**

Ξ   **Grant Continuation**

Γ   **Change in Previously Approved Grant**

Previous Council File No.   060499

Previous Council File No.

Project/Program Title: HIV Women's Project

Grantor Agency: Medical College of Wisconsin

Grant Application Date: N/A Continuing Grant   **Anticipated Award Date:** August 1, 2007

Please provide the following information:

1. Description of Grant Project/Program (Include Target Locations and Populations):

This program will provide public health nursing case management to a targeted population of HIV infected women and their families. In working collaboratively with medical care providers, community-based HIV resources, the Medical College of Wisconsin, and other community agencies, the program will assure continuity of care between the primary care provider and infectious disease specialists.

2. Relationship to City-wide Strategic Goals and Departmental Objectives:

This grant relates to the Health Department objectives of reducing the incidence of HIV and promoting the health and safety of Milwaukee women and children.

3.   Need for Grant Funds and Impact on Other Departmental Operations (Applies only to Programs):

This funding will build on current Health Department HIV efforts by addressing a gap in service to HIV infected women. This project also builds upon an initiative of the Medical College of Wisconsin focused on HIV infected children.

4. Results Measurement/Progress Report (Applies only to Programs):

Anticipated outcomes include the number of infected women linked to medical care, primarily infectious disease specialists and gynecological care, and a reduction in the number of opportunistic infections as a result of this linkage.

5. Grant Period, Timetable and Program Phase-out Plan:

August 1, 2007 through July 31, 2008

6. Provide a List of Subgrantees:

N/A

7. If Possible, Complete Grant Budget Form and Attach to Back.